

FILEDEmmanuel Reeves AI5096

Name and Prisoner/Booking Number

Mule Creek State Prison

Place of Confinement

P.O. Box 409089

Mailing Address

Ione, California 95640

City, State, Zip Code

AUG 21 2023

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY *[Signature]*
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Emmanuel Reeves,
(Full Name of Plaintiff) Plaintiff,

v.

(1) (Parole Agent) Jeffrey Lewis,
(Full Name of Defendant)

(2) (Parole Agent) Gerardo Mejia,

(3),

(4),
Defendant(s).

Check if there are additional Defendants and attach page 1-A listing them.

) CASE NO. 2:22-cv-02084-DMC

(To be supplied by the Clerk)

"Jury Trial Demanded"

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

Original Complaint

First Amended Complaint

Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

28 U.S.C. § 1343(a); 42 U.S.C. § 1983

28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

Other: _____.

2. Institution/city where violation occurred: Sacramento County Parole Region North

B. DEFENDANTS

1. Name of first Defendant: Jeffrey Lewis. The first Defendant is employed as:
Parole Agent at Parole Region North.
(Position and Title) (Institution)
2. Name of second Defendant: Gerardo Mejia. The second Defendant is employed as:
Parole Agent at Parole Region North.
(Position and Title) (Institution)
3. Name of third Defendant: _____ . The third Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____ . The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? Yes No
2. If yes, how many lawsuits have you filed? 1. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: Information Unavailable v. _____
 2. Court and case number: 1:20-CV-00487-BAM
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Dismissed
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 4, 8, 14 Amendment
Rights Violated

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On November 30, 2021 I Was Behind An Locked Windowless Door In The Shower Area Where I Was In My Orientation Phase To Be Accepted Into Shelter (Shelter In) Upon The Click Of The ~~Un~~ Locked Door (4) Unidentified Individuals Came Rushing Through The Door At Me And Who I Later Came To Identify As Parole Agents Forcing Me To Drop All My Items In My Hands/Arms To Use Mechanical Restraints. Two Agents I Later Identified As Jeffrey Lewis And Gerardo Mejia Who Aggressively "Man Handled" Me Much More Than The Situation Required While Placing Mechanical Restraints On Me. When Agent Gerardo Mejia Was Binding My Left Side I Suffered An Upper Extremity Fracture. When Agent Jeffrey Lewis Was Binding My Right Side, I Attempted To Question The Nature Of Their Aggression Agent Jeffrey Lewis Forcefully Grabbed Me By My Head And Neck Turning It So As To Detour My Abilities Of Identifying Him And Their Law Enforcement Status Leading Me To Believe Other Agents And Their Intent To Do Physical Harm. Defendants Gerardo Mejia And Jeffrey Lewis Acted Under Color Of Law Maliciously And Sadistically Subjecting

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Upper Extremity Fracture, Anxiety, Depression, PTSD, Fear, Sleeplessness, And Fear Of Law Enforcement Personnel, Duress

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- b. Did you submit a request for administrative relief on Claim I? Yes No
- c. Did you appeal your request for relief on Claim I to the highest level? Yes No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

Basic necessities Mail Access to the court Medical care
 Disciplinary proceedings Property Exercise of religion Retaliation
 Excessive force by an officer Threat to safety Other: _____

- 3. Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

 - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
 - b. Did you submit a request for administrative relief on Claim II? Yes No
 - c. Did you appeal your request for relief on Claim II to the highest level? Yes No
 - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

Support Facts.

Plaintiff To Deliberate Indifference, Cruel And Unusual Punishment, Force That Is Objectively Unreasonable As An Arrestee, Due Process And Equal Protection Violations Solely For The Purpose of Causing Plaintiff Harm Violating Plaintiff's 8th, 4th And 14th Amendment As A Result. Defendants Actions Was Not Justified By Any Legitimate Law Enforcement Or Prison Management Need And Was Completely Out Of Proportion To That Need.

CLAIM III

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- b. Did you submit a request for administrative relief on Claim III? Yes No
- c. Did you appeal your request for relief on Claim III to the highest level? Yes No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

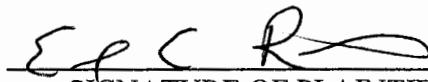
E. REQUEST FOR RELIEF

State the relief you are seeking:

Wherefore, Plaintiff Respectfully Prays That This Court Enter Judgment Granting Plaintiff A Declaration That The Acts And Omissions Described Herein Violated Plaintiff's Rights Under The Constitution And Laws Of The United States; Compensatory Damages In The Amount Of \$150,000 Against Each Defendant Jointly And Severally; Punitive Damages In The Amount Of \$200,000 Against Each Defendant; Personal Damages in The Amount of \$150,000 Against Each Defendant; A Jury Trial On All Issues Triable By Jury

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/14/23
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

1 Relief:

2 Plaintiff's Costs In This Suite; Award Attorney Fees To Be Paid
3 By Defendants; And Any Additional Relief This Court Deems
4 Just, Proper, And Equitable. Both Said Defendants Are To Be
5 Sued In Their Individual And Personal Capacities.

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6A

1 Emmanuel Reeves CDCR#AI5096

2 Building-D18/D-Yard/cell# 203/B-Pod

3 Mule creek State Prison

4 P.O.Box409089

5 Ione, California, 95640

6 In Propria Persona

7
8 IN THE UNITED STATES DISTRICT COURT

9 FOR THE EASTERN DISTRICT OF CALIFORNIA

10	
11	<u>Emmanuel Reeves</u>
12	<u>Plaintiff,</u>
13	<u>v.</u>
14	<u>Jeffrey Lewis, Parole Agent</u>
15	<u>Gerardo Mejia, Parole Agent</u>
16	<u>Both defendants are being sued in their</u>
17	<u>Individual and official capacities</u>
18	<u>defendants.</u>
19	

20 TO THE ABOVE NAMED DEFENDANTS

21 You are hereby summoned and required to serve upon Plaintiff, Emmanuel Reeves,
whose address is Mule creek State Prison, Building-D18/D-Yard/cell# 203/B-Pod. P.O.
Box409089. Ione, California, 95640 an answer to the complaint which is hereby served
upon you, within 20 days after service of this summons upon you, exclusive of the
day of service, or 60 days if the U.S. Government/agent thereof is a defendant. If
you fail to do so, judgement by default will be taken against you for relief demanded
in this complaint.

28 Clerk of the court

Date:

(7)
Page Number



CALIFORNIA DEPARTMENT OF
Corrections and Rehabilitation

OFFICE OF GRIEVANCES DECISION

Offender Name: REEVES, EMMANUEL

Date: 12/15/2022

CDC#: AI5096

Current Location: SQ-Facility B

Current Area/Bed: B 001 1 - 00006SL

Log #: 000000324585

Claim #: 001

Received at Institution/Parole Region: PAROLE REGION NORTH

REC BY OOA

Submitted to Facility/Parole District: PAROLE REGION NORTH

Housing Area/Parole Unit:

Category: Offender Services

Sub-Category: Other Services - NOS

DEC 27 2022

I. CLAIM

Subject claims that staff was inappropriate and unprofessional during an incident that occurred November 2021 during a parole arrest that took place at Shelters, Inc.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

The rules governing this issue are the applicable sections of the California Code of Regulations (CCR), the Department Operations Manual (DOM), the Penal Code and Division policies.

B. DOCUMENTS CONSIDERED

All submitted documentation and supporting information has been reviewed and considered.

All submitted documentation and supporting information has been reviewed and considered. A complete supervisor review was conducted to further look into the allegation.

III. REASONING AND DECISION

Grievance does not meet criteria for assignment as a staff complaint (no misconduct identified, even if facts as alleged are assumed to be true) accept, reject or cancel in accordance with CCR Title 15, Section 3084.5.

IV. Comments

The Department of Corrections and Rehabilitation is committed to ensuring all departmental employees are courteous, ethical, and professional in carrying out the Department's mission. The Department shall investigate all complaints against employees to preserve the integrity of the Department, foster trust, and confidence. However, at no time will the Department disclose the specifics to any personnel action to the complainant.

Decision: Denied

After a thorough review of all the documents and evidence presented to the Office of Grievances, it is the order of the Office of Grievances to DENY this claim.

If you are dissatisfied with this response you may appeal this decision by mailing the CDCR Form 602-2 included in this response to the California

Department of Corrections and Rehabilitation, Office of Appeals. Do not resubmit this claim to the Office of Grievances.

Staff Signature	Title	Date/Time
J. Rowe [ROJA041]	Reviewing Authority	11/23/2022

(10)
Page number

STATE OF CALIFORNIA
APPEAL OF GRIEVANCE
CDCR 602-2 (Rev. 01/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY	OGT Log No: <u>000000324585</u>	Date Received: _____
	Decision Due Date: _____	
	Categories: _____	

Claimant Name: REEVES, EMMANUEL / CDCR #: AI5096

Institution/Parole Region: _____ Current Housing/Parole Unit: _____

OOA ReviewImminent Risk: Y NOOG Notification: Y NInitials: TL Date: 12/27 /**STAFF USE ONLY**

Use this form to appeal a decision or a remedy by the Office of Grievances.

Do not include new complaints on this form, they must first be filed with the Office of Grievances on a Form 602-1.

OGT Log No: 000000324585 Claim No: 1

Explain the reason for your appeal. Be as specific as you can.

I am dissatisfied with the response I was given because My 602 Meets All Criteria For A Staff Complaint (Misconduct) Based on The Facts That I Had Surgery On My Hand With A Plate And Screws Placed In And I'm Forgoing Physical Therapy To Get My Full Movement Back. With This Stated Shows How Staff Was Inappropriate And Unprofessional During The Incident That OCCURRED November 2021 During A Parole Arrest Taking Place At Shelters, Inc. Over→

This form shall be submitted by mail to:

Office of Appeals
Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 95811

REC BY OOA

DEC 27 2022

IMPORTANT:

The Office of Appeals will consider all of the supporting documentation you previously submitted to the Office of Grievances when reviewing your appeal, but will not consider any new documentation.

Therefore, it is recommended you not attach any documentation to this form.

Furthermore, any documentation you attach to this form will not be returned to you.

Claimant Signature: EJCF

Date Signed: 12/20/22

ADA Accessible

(12)
Page Number

STATE OF CALIFORNIA
APPEAL OF GRIEVANCE
CDCR 602-2 (Rev. 01/22)

CONTINUATION PAGE

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

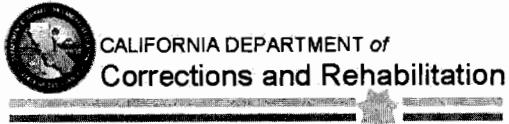
OGT Log No: 000000324585

Claim No: 1

Explain the reason for your appeal. Be as specific as you can.

*I am dissatisfied with the response I was given because I Have Submitted A Previous 602 That Was Given An Decision Of Allegation Of Staff Misconduct #295836 Which Will Be Included AS Evidential Evidences Dated 8/23/2022
Exhibit "1"*

ADA Accessible



OFFICE OF APPEALS DECISION

Offender Name: REEVES, EMMANUEL

Date: 02/25/2023

CDC#: AI5096

Current Location: SQ-Facility A

Current Area/Bed: A NB 1 - 005001L

Log #: 000000324585

Claim # 001

Received at Institution/Parole Region: PAROLE REGION NORTH

Submitted to Facility/Parole District: PAROLE REGION NORTH

Housing Area/Parole Unit:

Category: Offender Services

Sub-Category: Other Services - NOS

I. ISSUE ON APPEAL

Appellant alleges not having received a response to a 602 submitted with regard to appellant's allegation of unnecessary use of force used by Parole Agents during an incident which occurred on November 30, 2021.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Title 15, sections 3481(a), 3483(g)(1), and 3485(g)(2)(A)

B. DOCUMENTS CONSIDERED

Grievance/Appeal Log #324585, #292504, and #295836

III. REASONING AND DECISION

On December 15, 2022, the Office of Grievances responded to appellant's allegation of not having received a response to a 602 submitted with regard to appellant's allegation of unnecessary use of force used by Parole Agents during an incident which occurred on November 30, 2021. The Office of Appeals does not concur with the decision to deny this claim citing that the, "Grievance does not meet criteria for assignment as a staff complaint (no misconduct identified, even if facts as alleged are assumed to be true) accept, reject or cancel in accordance with CCR Title 15, Section 3084.5. On August 15, 2022, appellant submitted a grievance Log #292504 with regard to appellant's allegation of unnecessary use of force used by Parole Agents during an incident which occurred on November 30, 2021. Log #292504 was reassigned to Northern Parole Region and issued Log #295836, and on August 23, 2022, appellant was issued a response. The claim was identified as an allegation of staff misconduct and was referred outside of the grievance and appeal process to an appropriate authority within the Department for the purpose of gathering facts needed to prove or disprove the allegation. Appellant was informed that a separate response will be provided at the conclusion of that process. Because the response to Log #324585 was improper, and appellant had been provided a response to appellant's allegation on August 23, 2022, this claim is granted without remedy.

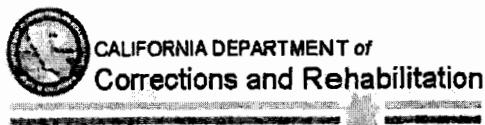
IV. REMEDY

Your claim has been denied. Therefore, there is no applicable remedy.

Decision: Denied

After a thorough review of all documents and evidence available at the time of this written decision, it is the order of the Office of Appeals that this claim is denied. This decision exhausts the administrative remedies available to the claimant within CDCR.

Staff Signature	Title	Date/Time
H. Moseley [MOHO002]	Reviewing Authority	02/25/2023



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OFFICE OF GRIEVANCES DECISION

Offender Name: REEVES, EMMANUEL

Date: 08/23/2022

CDC#: AI5096

Current Location: SQ-Facility B

Current Area/Bed: B 001 1 - 000065L

Log #: 000000295836

Claim #: 001

Received at Institution/Parole Region: PAROLE REGION NORTH

Submitted to Facility/Parole District: District-REGION NORTH

Housing Area/Parole Unit:

Category: General Employee Performance Sub-Category: Other Staff Misconduct - NOS

The California Department of Corrections and Rehabilitation received your grievance on 08/15/2022 which you submitted on 08/14/2022.

Pursuant to the California Code of Regulations, title 15, your claim has been identified as an allegation of staff misconduct, meaning it will be referred outside the grievance and appeal process to an appropriate authority within the Department for the purpose of gathering facts needed to prove or disprove the allegation. A separate response will be provided to you at the conclusion of that process. This decision exhausts all administrative remedies available to you for this claim.

Decision: Allegation of Staff Misconduct

Exhibit '1'

REC BY OOA

DEC 27 2022

(16)
Page Number



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OOG CLAIM REASSIGNMENT NOTICE

To: PAROLE REGION NORTH Office of Grievances

Address: 9825 Goethe Road
Sacramento, California 95827

From: Office of Grievances at San Quentin State Prison

Re: OOG Claim Reassignment Notice

Offender Name: REEVES, EMMANUEL

CDC#: AI5096

Date: 08/22/2022

Current Location: SQ-Facility B

Current Area/Bed: B 001 1000065L

Re: Log # 000000292504

Claim #: 001.

The California Department of Corrections and Rehabilitation received the attached claim concerning General Employee Performance; Other Staff Misconduct - NOS from the claimant referenced above on 08/15/2022. Upon review, this claim is being reassigned to the Office of Grievances at PAROLE REGION NORTH for review and processing in accordance with governing regulations.

Please process this claim as you would if it was received directly from the claimant. Our office will notify claimant of the reassignment in a separate notice.

Please provide the claimant with a response to this claim on or before 10/15/2022.

CDCR SOMS OGTT312
OOG CLAIM REASSIGNMENT NOTICE

(57)
Page Number

STATE OF CALIFORNIA
GRIEVANCE
CDCR 802-1 (Rev. 8/1/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

ORIGINAL

STAFF USE ONLY	OGT Log No: <u>292504</u>	Date Received: <u>AUG 15 2022</u>
	Decision Due Date:	<u>INMATE GRIEVANCE OFFICE</u>
	Categories:	<u>CALIFORNIA STATE PRISON</u>
		<u>SAN QUENTIN, CA 94544</u>

Claimant Name: Emmanuel Reeves CCR #: A15096
 Institution/Parole Region: SQSP Current Housing/Parole Unit: 1H (65L

STAFF USE ONLY

Use this form to file a complaint with the Department.

In order for the Department to understand your complaint, please answer all of the following questions:

- What is the nature of your complaint?
- When and where did the complaint occur?
- Who was involved?
- Which specific people can support your complaint?
- Did you try to informally resolve the complaint?
- What rule or policy are you relying on to make your complaint?
- What specific action would resolve your complaint?

NOTE: Attach documents that help support your complaint (identify the documents if you do not have them).

I Wrote An Grievance On 12-20-21 To Address Excessive Physical Force By Way Of Parole Agents In Sacramento County. However, My Grievance Has Not Since Been Answered Nor Has It Been Addressed. On 11-30-21 I Was Apprehended By Parole Agents, While Doing So I Was Physically Assaulted Due To The Force Applied. At This Point I Was Non-Combatible And I Complied With All Directives Or Atleast Tried To Comply. I Believe There Was An Camara At The Place Of Apprehension (Shelters Inc.(Address) 700 N. 5th Street) Pointed In The Area Where I Was Being Apprehended And Where The Assault Took Place. Again I Tried To Resolve This Complaint By Way Of An Grievance And A Letter To The Parole Office (Dated Aug 9, 2022). I Am Asking That This Matter Be Heard And Taken Serious. Also I ASK That I Get An Immediate Release From Custody

Due To (Any To All) Constitutional Rights Violated.

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Claimant Signature:

E E R

Date Signed: Aug 12, 2022

(19)
Page number

ACM SIGART

To Whom It May Concern,

Aug. 9, 2022

I Emmanuel Reeves Sent A Completed Inmate/Parolee Appeals (602) Which Was Signed And Dated Dec. 20, 2021, Mailed Dec 23, 2021, Regarding Excessive Physical Force By Agents On Nov. 30, 2021.

I Have Not Received Any Response To This Appeal (602), Please Address This Letter On My Inquiry.

Thank You

P.S. Attached Are Copies Of All Documents Sent.

Sincerely
EPC
Emmanuel Reeves
AIS096
Aug. 9 2022

copy!